Classification

REPORTS INVENTORY

CONTROL NO.

DDS/OC-004

PREPARE IN DUPLICATE

1. TITLE OF REPORT (If a fill-in report include Form No.)	2. TYPE OF REPORT	X	STATISTICAL
Yearly Accomplishments		X	NARRATIVE
			MACHINE-NAME LISTING

3. FUNCTIONAL AREA	PERSONNEL	TRAINING	X	ADMIN. GENERAL
	LOGISTICS	SECURITY		OTHER (specify)
	MEDICAL	FINANCE		*COMMUNICATIONS*

4. NO. OF COPIES PREPARED	5. FREQUENCY (weekly, monthly, quarterly, etc.)	6. DISTRIBUTION (No. of components not number of copies)
3	**Yearly**	2

7. FORMAT (memorandum, form computer print-out, etc)	8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT
Memorandum	YES	IF YES GIVE ADP PROCESSING NO.	**By Directive**
	X NO		

10. PREPARING COMPONENT (include lowest level contributing information to report)	11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)
OC-CMS/AEB/WOB/CTB	

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS4 - 13	$6.64		76		$512.24		1		$512.24
GS14 - 16	$13.20		4		52.80				52.80
									$565.04

B. COSTS OF COMPUTER PRODUCED REPORTS

	TOTAL COSTS PER YEAR	$565.04

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT	ESTIMATED SAVINGS	
	MAN-HOURS	DOLLARS
X RETAIN AS IS OTHER (explain)		
CHANGE		STAT
DISCONTINUE		

16. DATE OF INVENTORY	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION	18. EXTENSION
30 September 70	Communications Officer	

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Classification

FORM 112

(22-36-43)